

Steve Cuddy, MPT, PRC
 Postural Restoration®/Manual Therapy/Custom Orthotics
 2507 Sutherland Street
 Austin, TX 78746
 512.769.9081

Patient Information Sheet

First Name		Last Name	
Name of Party Responsible for Payment (if different)			
Address			
City	State	Zip	
Home Phone	Work Phone	Cell Phone	
E-mail		Birthday	
Emergency Contact (name)		Emergency Contact Phone Number	
Referring Physician		Referring Physician Phone Number	
Primary Care Physician		Primary Care Physician Phone Number	

I have completed this information sheet and agree that the information that I have provided is accurate.

Signature _____ Date _____

Signature of guardian _____ Date _____
 (if under 18 years of age)

I understand that I will be charged \$95 if I no-show or cancel my appointment without 24-hours notice.
 _____ (initials)